PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

5/508/DBP/A400

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9		1,00.0].		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NILIMB	ER EXTRA		BASIC FEE	 		BASIC FEE	770.00	
									305.00	OR		770.00	
TOTAL CHARGEABLE CLAIMS			<i> </i>	nus 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			_ minus 3 =		<u> </u>			X43=	: 	OR	X86=		
М	JLTIPLE DEPEI	NDENT CLAIM P	RESENT	SENT			ĺ	+145=		OR	+290=	290	
* If	the difference	e in column 1 is	ess than zero, enter "0" in column 2				•	TOTAL		OR	TOTAL	1060	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I		
Г		(Column 1) CLAIMS		HIGH	ST		Г		ADDI-]		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		,	ווטטוווייב		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	_	HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							A45=		OR	X00=		
				+145=		OR	+290=						
							_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total 6	*	Minus	**	į	=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=			X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╟	7.10-		OR	7.00=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
**	** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE		
		mber Previously Paid ober Previously Paid						DDIT. FEE L	ropriate box	in col	umn 1.		